



HMIS/CMIS Release of Information for Data Sharing in Central Oregon

Northwest Social Service Connections' Homeless Management Information System / Client Management Information System (HMIS/CMIS) is a computer system that is used to collect and share information on homelessness and social services in throughout Central Oregon. The information gathered helps agencies plan and deliver services that help people in need. By sharing information with each other, agencies are able to simplify service delivery by tracking services and referrals provided to the persons they serve.

Maintaining the privacy and safety of those using our services is very important to us. The HMIS/CMIS runs in compliance with all Federal and State laws and codes, including Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has been trained on client confidentiality policies and has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights ended and may be subject to further penalties.

Services will not be denied should you choose not to share information. Information will still be collected and entered because of our federal and state requirements. **Certain minimum client information is shared throughout our HMIS/CMIS in order to avoid creating duplicate client records.** Authorized HMIS/CMIS persons at participating community agencies will be able to see the following data elements of all client records:

- First Name
- Last Name
- Date of Birth
- Veteran Status
- Gender
- Social Security Number (required for specific services)

Please read the following statements (or ask to have them read to you), and make sure you have had an opportunity to have your questions answered.

I UNDERSTAND THAT:

- The partner agencies may share basic identifying information about the people they serve with other parties working to end homelessness and provide other social services.
- The release of my information does not guarantee that I will receive assistance.
- I will not be denied services if I refuse to consent to data sharing.
- This authorization will remain in effect 7 years after my latest project exit unless I revoke it in writing. I may revoke authorization at any time by signing a written statement or Revocation form.
- I understand that cancelling my authorization will not change information that has already been given out or actions already taken, but the revocation will be effective as of that date.
- I have the right to see my HMIS/CMIS record, ask for changes, and to have a copy of my record from this agency upon written request.
- I have the right to file a complaint if I feel I have been harmed in some way by the use of HMIS/CMIS.
- I have the right to receive a copy of the HMIS/CMIS Notice to Clients of Uses and Disclosures.

Maintaining the privacy and safety of those using our services is very important to us. Your record will only be shared if you give us permission to do so. There may be risks and/or benefits

for you to consider before you decide whether or not to consent to the release of information. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share with other, we must still report some information because of our federal and state requirements.

By writing your initials below, I agree to share the following level of information with other Northwest Social Service Connections' HMIS/CMIS partner agencies:

____1) I agree to share Client Record [Name, SSN, and Veteran Status], Demographics [including DOB, Gender, Race, and Ethnicity], Program Enrollment and Exit Information, Assessment Information, Information about the Nature of your situation, Services and Referrals you receive from our agency and contacts information via the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.

____2) I do not agree to share any information through the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies. I understand that this may affect my involvement with the shared Coordinated Entry, shared wait lists, and accessing services at other partner agencies.

Client Name (*please print*) Client Signature Date

Client Name (*please print*) Client Signature Date

Guardian Name, if required (*please print*) Guardian Signature (if required) Date

Names and DOB of minor children for whom I am parent or guardian and am sharing information (as identified above):

Agency Personnel Name (*please print*) Agency Personnel Signature Date